

Customer No. 24113
Patterson, Thunte, Skaar & Christensen, P.A.
4800 IDS Center
80 South 8th Street
Minneapolis, Minnesota 55402-2100
Telephone: (612) 349-5740
Facsimile: (612) 349-9266

Attorney Docket No. 4062.24US02

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of Application No. 10/822,561, filed April 8, 2004 for: AUTOMATED MEASUREMENT OF CONCENTRATION AND/OR AMOUNT IN A BIOLOGICAL SAMPLE, by: Jose de la Torre-Bueno.

1. Submission required under 37 CFR § 1.114

a. ☐ Previously submitted

- ☐ Please enter in the present application the unentered Amendment under 37 CFR § 1.116, with any attachments, filed on _____ in said prior application.
- ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
- ☐ Other _____

b. ☒ Enclosed

- ☒ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other _____

2. ☒ The filing fee is calculated below:

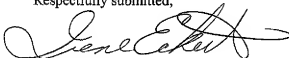
| | Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra (Equals) | Small Entity Rate | Fee | OR | Large Entity Rate | Fee |
|------------|----------------------------------|---------------------------------|------------------------|-------------------|-----|----|-------------------|----------|
| Total | 19 | - [23]** | = 0 | x 25 | \$ | | x 50 | \$0 |
| Indep. | 3 | - [4]*** | = 0 | x 105 | \$ | | x 210 | \$0 |
| RCE fee | | | | + 405 | \$ | | + 810 | \$810 |
| Mult. Dep. | | | = | + 185 | \$ | | + 370 | \$0 |
| TOTAL | | | | | \$ | OR | TOTAL | \$810.00 |

☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

3. [X] The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 CFR §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Irene Eckert', with a large, stylized flourish at the end.

Irene Eckert

Registration No. 52,848

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.